Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001134493)))



H130001134493ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

Account Number : 072731001155 Phone : (813)253-2020 Fax Number : (813)251-6711

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

I3 MAY 21 PM I2: 03
SECRETARY OF STATE
ALLAHASSEE, FLORID,

FLORIDA/FOREIGN LP/LLLP Nomis Family Partnership, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

MAY 2 2 2013 T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

H13000113449

.

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP.	
2, 11101 North 46th Street	
(Street address of inklad designated office)	
Tampa, Florida 33617	12 SE
3. Michael D. Miller	SECRETATI TALL AHAS
(Name of Registered Agent for Service of Process)	· · · · · · · · · · · · · · · · · · ·
4,601 Bayshore Boulevard, Ste. 700	358 A
(Florida street address for Registered Agent)	react to
Tampa, FL 33606	CT (7)
3. I hereby accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with the provisions of all cantee relative to the proper and camplete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.	ORIUP ORIUP
lal	
Signature of Registered Agent	
6,11101 North 46th Street	
(Mailing address of initial designated office)	
Tampa, Florida 33617	

Page 1 of 2

H13000113449

Name:	Business Address;		
Nomis Management Company, LLC	11101 North 46th Street		
L13-73636	Tampa, Florida 33617		
· · · · · · · · · · · · · · · · · · ·	-		
•			
		<u> </u>	20
		Eck	2013 HMY 2
		36-731 CO 242	2

		——— h	Z
			± 85
	·	<u>→</u>	94
9. Effective date, if other than the date of filing	8	40	
(Effective date cannot be prior to nor n		e document is	
filed by the Florida Department of Stat	200	13	
Signed this 21st day of	May		
Signature of each general partner:			
NOMIS MANAGEMENT COMPANY, LI			
By: Jeffrey 8. Simon, as tenant by the er	ntirety, Member		
Filing Form S	1,000.00 (\$965 Filing Fee and \$35 Reg	Intered Agent Fee)	
Certified Copy (optional): \$	52.50		
Sections of Starin (obliquiti); ?	8.75 Page 2 of 2		

#447864